

ORDER FORM
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
LICENSURE RELATED DOCUMENTS

PHYSICIAN ASSISTANT NOTIFICATION OF CHANGE

The following documents can be ordered through the Division's contract testing agency Experior at the address listed below. There is a fee of \$7.50 (includes sales tax) by mail or phone order. Make all checks payable to Experior. Visa and MasterCard are accepted.

1. *Division of Occupational and Professional Licensing Act*
2. *General Rules of the Division of Occupational and Professional Licensing*
3. *Physician Assistant Practice Act*
4. *Physician Assistant Practice Act Rules*
5. *Utah Controlled Substances Act*
6. *Utah Controlled Substances Act Rules*

Please contact:



Experior
5486 South 1900 West, Suite C
Taylorsville, Utah 84118
(801) 355-5009
FAX (801) 355-4008 (credit card orders only)

Please provide the following information. Send this portion of the order form with payment for \$7.50 (includes Utah Sales Tax) in the enclosed envelope to receive the above listed documents. **(Do not mail cash.) All sales are final.**

PHYSICIAN ASSISTANT NOTIFICATION OF CHANGE (47)

Name _____

Mailing Address _____

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Signature _____ Date _____

(Required for credit card orders)

